

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080885

1. Entity Name

SIGNS SUPREME, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90033 040 ***150.00

Principal Place of Business Mailing Address
 17224 GULF PINE CIR. 17224 GULF PINE CIR.
 WELLINGTON FL 33414 WELLINGTON FL 33414-6360

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0945325 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6.-Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent

WALTON, DOUGLAS JR.
 17224 GULF PINE CIR.
 WELLINGTON FL 33414

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WALTON, DOUGLAS JR.	
STREET ADDRESS	17224 GULF PINE CIR.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTON, VALERIE	
STREET ADDRESS	17224 GULF PINE CIR.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Valerie Walton Valerie Walton 1/20/00 561-681-4831
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #